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SSY-104-B

DEC. 7. 2005 10:59AM

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Michael R. Bonner, William A. Cline

Serial No.:

10/540,542

Filing Date:

June 24, 2005

Art Unit/Examiner

unknown/unknown

CERTIFICATION OF FACSIMILE TRANSMISSION

Sir:

Transmitted with this document are two Revocations of Power of Attorney with New Power of Attorney and Change of Correspondence Address in the above-identified application.

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Please charge any additional fees or credit any overpayment to Deposit Account Number 25-0115.

I hereby certify that this correspondence was transmitted via Facsimile to (571)273-8300 on December 6, 2005.

Respectfully submitted,

YOUNG & BASILE, P.C.

Benise M. Glassmeyer Attorney for Applicant(s)

Registration No. 31831

(248) 649-3333

(248) 649-3338 (fax)

glassmeyer@ybpc.com

3001 West Big Beaver Road, Ste 624

Troy, Michigan 48084-3107

Dated: December \$, 2005

DMG/ljo



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NO. 386

P. 2

PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/540,542 REVOCATION OF POWER OF Filing Date 24 June 2005 **ATTORNEY WITH** First Named Inventor Michael A. Bonner **NEW POWER OF ATTORNEY** Art Unit Unknown AND **Examiner Name** Unknown CHANGE OF CORRESPONDENCE ADDRESS 40156-0014 55Y-104-B Attorney Docket Number

| Lhoroby rayaka all provious poyens of atternor since in the above Identified and I at I | | | | | | | | |
|---|---------------------------------------|----------------|---------------------------------------|--|--|--|--|--|
| I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. | | | | | | | | |
| OR I hereby appoint the practitioners associated with the Customer Number: 32299 | | | | | | | | |
| Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 48980 OR | | | | | | | | |
| Firm or Individual Name | Young & Basile, PC | | | | | | | |
| Address | 3001 West Big Beaver Rd. Suite 524 | | | | | | | |
| City | Тгоу | State Michigan | Zip 48084 | | | | | |
| Country | us | | | | | | | |
| Telephone | 248.649.3333 | Email | · · · · · · · · · · · · · · · · · · · | | | | | |
| I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | |
| Signature Michael R. Bo | | | | | | | | |
| Name Michael & B | Michael K. Bonner | | | | | | | |
| Date ///2 | 2/05 | Telephone | | | | | | |
| NOTE: Signatures of all the inventors of assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | |
| Total of 2forms are submitted. | | | | | | | | |

This collection of information is required by 37 GFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, 1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionage for Patents. P.O. Box 1450, Alexandria, 1450. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND

CHANGE OF CORRESPONDENCE ADDRESS

Application Number 10/540,542
Filing Date 24 June 2005
First Named Inventor Michael A. Bonner
Art Unit Unknown
Examiner Name Unknown
Attorney Docket Number 48158-8811 \$5 7.104 - 8

| I hereby re | I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | | |
|---|--|---------------------------------------|---------------------------|------------|-------------|--------------------------|-----------|------------------------|--|
| A Power of Attorney is submitted herewith. | | | | | | | | | |
| OR I hereby appoint the practitioners associated with the Customer Number: 32299 | | | | | | | | | |
| Thereby appoint the practitioners associated with the Customer Number: | | | | | | | 2233 | | |
| Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 48980 OR | | | | | | | | | |
| Firm o | or Jual Name | Young & Basile, PC | | | | | | | |
| Address | | 3001 West Big Beaver Rd. Suite 624 | | | | | | | |
| City | | Troy State Michigan | | | an | Zip | 48084 | | |
| Country | | US | | | | | | | |
| Telephone | | 248.649.3333 | | | Email | | | | |
| I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | | |
| Signature | W | Um Al | lun | | | | | | |
| Name | William A. Clir | iam A. Cline | | | | | | | |
| Date | | 11-2-6 | 25 | | lephone | 1 | | | |
| NOTE: Signature: elgnature is requir | a of all the invent red. see below". | ntors or assignees of record of | of the entire interest or | their repr | esentative(| (s) are required. Submit | multiple: | forms if more than one | |
| ✓ Total of 2 forms are submitted | | | | | | | | | |

This correction of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form endor auggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460.

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